

# Transitioning Mentally Disabled Youth from the Care of DCYF to the Adult Mental Health Care System

Rhode Island Department of Children, Youth and Families

**Policy: 700.0185**

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The Department, the Department of Mental Health, Retardation, and Hospitals (MHRH), and the network of community mental health centers (CMHCs) have established procedures to provide a smooth and effective transition for mentally disabled youth who are receiving services funded through the Department and who are in need of continuing mental health services from MHRH and/or community mental health agencies as they enter adulthood.

It is the intent of the Department to engage a youth, who is in need of continued mental health planning and services, with his/her local CMHC when the youth reaches the age of seventeen (17). The CMHC would assist the Department in short and long term planning for the youth who is aging out of the DCYF system. This planning effort would address the basic living (i.e. food, clothing, shelter) and rehabilitative (i.e. mental health support, vocational linkages, leisure time activities) needs of the youth.

The Department will intervene, as early as possible, to provide the youth with an opportunity to transition into adulthood with the support of appropriate mental health services that he/she requires to make the transition. As a result of these planning efforts, a youth who has been in a residential facility outside of his/her community may be able to return to his/her community with the supportive services provided by the CMHC.

This transitioning process has been developed to ensure that the youth receives appropriate treatment and that a plan is in place to continue required services when the youth is no longer in the care of the Department.

## **Related Procedure**

[Transitioning Mentally Disabled Youth from the Care of DCYF to the Adult Mental Health Care System](#)

## Transitioning Mentally Disabled Youth from the Care of DCYF to the Adult Mental Health Care System

### **Procedure From Policy 700.0185: Transitioning Mentally Disabled Youth from the Care of DCYF to the Adult Mental Health Care System**

- A. When a mentally disabled youth in the care of the Department reaches the age of seventeen (17), the primary service worker must initiate the process of transitioning the youth to the adult system. The youth must meet the following criteria to be considered "mentally disabled" for purposes of this policy:
  - 1. Youth has been determined to be eligible for Mental Health Services for Children and Youth (MHSCY); or youth is currently in placement for treatment of a mental disability; or youth has required the provision of mental health services such as Behavioral Disordered (BD) classrooms, Intensive Community Based Treatment (ICBT) services, or psychiatric hospital admissions;
  - 2. Retardation has been ruled out (IQ is above 70); and
  - 3. Primary service worker and supervisor believe that the youth is in need of on-going mental health services as he/she enters adulthood.
- B. When the youth is already receiving services from a community mental health center, long term plans for treatment must be included in the Case Plan/Agreement (DCYF #032). Procedures outlined in Section "D" below are followed.
- C. If the youth, who meets the criteria outlined in section "A" above, is not involved with a CMHC, the worker will determine if it is appropriate to initiate the transitioning process:
  - 1. When the youth reaches the age of seventeen (17), the worker contacts the Department's Division of Children's Mental Health Services' Coordinator to discuss the youth's situation prior to the next scheduled Administration Review Unit (ARU) Case Plan Review:
    - a. Coordinator can assist worker in determining if the youth is in need of the transitioning process; and
    - b. Coordinator can assist worker in determining if youth is in need of mental health evaluation and/or treatment services.
  - 2. If it appears that mental health services are necessary, worker requests authorization for funding through the DCYF #005 process.
- D. Worker initiates transitioning process:
  - 1. In accordance with timeframes for a Case Plan Review, worker does the following in preparation of the next scheduled ARU Case Plan Review:
    - a. Ensures that a copy of the DCYF #128, Notice of Case Plan Review is forwarded to the Children's Coordinator (CC) at the CMHC in the youth's catchment area; and
    - b. Ensures that a copy of the DCYF #128 is forwarded to the Division of Children's Mental Health Services Coordinator. Coordinator forwards a written notice of the initiation of the transitioning

process to MHRH's Division of Mental Health and Community Support Services' Coordinator of Special Projects.

2. The ARU Case Plan Review enables the CMHC representative and mental health professionals, who are providing services to the youth, to express opinions and offer input regarding the long and short term planning for the youth;
  3. Worker and supervisor ensure that the new Case Plan/Agreement, which is developed subsequent to the ARU review, includes specific plans for transitioning the youth from the Department's care to the adult system. The case plan is developed with the input of all involved professionals in accordance with Case Plan/Agreement; and
  4. Ongoing communication between the Department, the service provider(s), and the CMHC representative is imperative throughout the remaining period of time that the Department is involved with the youth in order to ensure appropriate treatment and a smooth transition.
- E. If it is determined at any time during the transitioning process that a youth is in need of services provided through MHRH's Division of Retardation and Developmental Disabilities, the DCYF primary service worker is responsible to follow procedures for Mentally Retarded Clients.